

**CLASSIFICATION APPEAL DECISION
U.S. OFFICE OF PERSONNEL MANAGEMENT
CHICAGO OVERSIGHT DIVISION**

INCUMBENT: [the appellant]

POSITION NUMBER: 1479

AGENCY CLASSIFICATION: Supervisory Medical Technologist
GS-644-11

POSITION LOCATION: Department of Veterans Affairs
Medical Center
Pathology and Laboratory Medicine
Service
[location]

OFFICE OF PERSONNEL MANAGEMENT **Supervisory Medical Technologist**
DECISION: **GS-644-11**

OPM decision number: C-0644-11-01

This appellate decision constitutes a certificate that is mandatory and binding on administrative, certifying, payroll, and accounting offices of the Government. It is the final administrative decision on the classification of the position, not subject to further appeal. It is subject to discretionary review only under the conditions and time limits specified in Part 511, Subpart F, of Title 5, U.S. Code of Federal Regulations.

FREDERICK J. BOLAND
CLASSIFICATION APPEALS OFFICER
CHICAGO OVERSIGHT DIVISION

2/21/96

DATE

DECISION TRANSMITTED TO:

[]
Pathology and Laboratory Medicine
Service
VA Medical Center
[department regional
office]

[Chief, Human Resources Management
Service]
VA Medical Center
[department regional office]

Mr. Ronald E. Cowles
Deputy Assistant Secretary for Personnel
and Labor Relations
Department of Veterans Affairs
Washington, DC 20420

INFORMATION CONSIDERED

- ▶ Appellant's memorandum of October 2, 1995, stating his reasons for appeal, and earlier correspondence.
- ▶ Agency letter of October 18, 1995, transmitting the appellant's appeal and responding to his claims, and its enclosures.
- ▶ Copy of the official description of the appellant's position, number 1479-0, and classifier's evaluation statement.
- ▶ Copy of the official description of the appellant's supervisor's position.
- ▶ Copy of the appellant's performance standards.
- ▶ Copy of the organization chart and functional statements for the Pathology and Laboratory Medicine Service.
- Telephone discussions of the position's duties with the appellant on January 24, 1996, and with his supervisor on February 14, 1996.

EVALUATION CRITERIA

- ▶ OPM *Medical Technologist, GS-644, Series* position classification standard, dated May 1984.
- ▶ OPM *General Schedule Supervisory Guide*, dated April 1993.

INTRODUCTION

The appellant contests his agency's decision classifying his position, number 1479-0, as Supervisory Medical Technologist, GS-644-11. The position is located in the Hematology and Coagulation Section, Pathology and Laboratory Medicine Service, Department of Veterans Affairs Medical Center, [a large city]. The appellant previously appealed the classification of his position to Headquarters, Department of Veterans Affairs, in December 1994 and was denied the requested upgrade.

He agrees that his official position description accurately reflects his major duties, but believes the scope and effect of his work warrants higher credit (Factor 1 of the *General Schedule Supervisory Guide*) as do the more extensive duties he now performs as a Contracting Official Technical Representative (COTR), specimen collector under the Medical Center's drug screening program, and as acting Administrative Officer in the absence of his supervisor. These issues are addressed under the Grade Determination section of this decision.

He also cites the existence of higher graded first-line supervisory positions within the Laboratory Service to support his appeal. By law, positions are classified based upon their duties, responsibilities, and qualification requirements compared to the criteria specified in the appropriate OPM classification standard or guide. Other methods of evaluation, including comparison to other positions, are not permitted. Agencies are, however, required to apply classification standards and OPM decisions consistently to ensure equal pay for equal work. OPM will require an agency to conduct a consistency review upon showing that specifically identified positions at different grades have identical duties. Although the appellant does not specifically identify the higher graded positions and duties that he feels are essentially the same as his, our letter transmitting this decision to his agency advises that it respond to this issue, should he do so.

JOB INFORMATION

The appellant supervises the Hematology and Coagulation and the Urinalysis sections of the Laboratory Service. He directs a staff of approximately seven Medical Technologists and Technicians, who conduct a broad range of hematological and hemostasis tests as well as routine and microscopic urinalyses for inpatients and outpatients of the Ann Arbor Medical Center. The Center is a 221 bed General Medicine and Surgery facility that includes a 120 bed nursing home and a geriatric research, education, and clinical center. It is affiliated with the University of Michigan School of Medicine and provides training to over 1,300 health care professionals annually. The Center supports about 400,000 veterans across ten counties, including the three serviced by its Toledo Outpatient Clinic.

The position demands at least 25 percent of the appellant's time to review his staff's work and perform typical supervisory duties. The appellant, though, devotes much of his time (about 40% by his estimate) to personally performing technologist work, such as discussing the interpretation of test results with physicians, recommending additional testing as needed, and training students enrolled in the [a large university] Medical Technology Program. Ancillary duties occupy a small amount of his time (less than 25 percent) by his supervisor's estimate and include serving as a Contracting Official Technical Representative (COTR) and the specimen collector for drug screening on randomly selected new male employees. Additionally, as senior supervisor he is the acting Administrative Officer for the Laboratory Service during his supervisor's absence.

ANALYSIS AND FINDINGS

Series and Title Determination

The appellant supervises both Medical Technologist, GS-644, and Medical Technician, GS-645, work. Mixed series work is classified in the dominant series. Because the paramount requirement of the position is professional knowledge and competence in the field of medical technology and its reason for existence, organizational function, line of promotion, and typical recruitment source relate to professional rather than technical medical work, it is classified in the GS-644 series, which includes positions that supervise clinical laboratory testing of human blood, urine, and other body fluids or

tissues, using manual or automated techniques. The prescribed title for supervisory positions in this series is *Supervisory Medical Technologist*.

Grade Determination

The appellant's supervisory and non-supervisory work must be evaluated separately because the same classification criteria do not apply to both. The overall grade of his position is the higher level of either supervisory or non-supervisory work. Work demanding less than a substantial (at least 25 percent) amount of time is not considered in classifying a position. Consequently, his secondary duties as a COTR and drug screening program specimen collector, which are covered by other occupational series, are not evaluated in this decision. (Such duties, though, typically would not be higher than the supervisory grade already credited to his position). Similarly, acting, temporary, and other responsibilities that are not regular and continuing are not considered in classifying positions. (Temporary assignments of sufficient duration, though, are sometimes recognized in accordance with agency discretion by temporary promotion if higher graded duties are involved, by formal detail, or by performance recognition). Consequently, his responsibilities as acting Administrative Officer, though important to the smooth functioning of the Laboratory Service, are not evaluated in this decision.

The *General Schedule Supervisory Guide* (GSSG) is used to evaluate his supervisory duties and responsibilities, as they meet the guide's coverage criteria (i.e., the supervisory duties require the accomplishment of work through combined technical and administrative direction of others, demand a substantial amount of time, and involve at least the minimum level of supervisory authority specified in Factor 3 of the guide). The Medical Technologist, GS-644, standard is used to evaluate medical technology work that the appellant personally performs. Such work can be no higher graded than the GS-11 grade already assigned to his supervisory duties unless it involves, among other things, establishing criteria or analyzing a variety of unusual problems (e.g., devising new or improved techniques or solutions to complex technical problems) and unless it affects a wide range of agency activities (e.g., the operations of many laboratories in different localities), which it does not.

The GSSG uses a point-factor evaluation approach where the points assigned under each factor must be fully equivalent to the factor-level described in the guide. If a factor is not equivalent in all respects to the overall intent of a particular level described in the GSSG, a lower level point value must be assigned, unless the deficiency is balanced by an equally important aspect that meets a higher level.

Factor 1: Program Scope and Effect

This factor measures the general complexity, breadth, and impact of the program areas and work directed, including its organizational and geographic coverage. It also assesses the effect of the work both within and outside the immediate organization. All work for which the supervisor is both technically and administratively responsible, including work accomplished through subordinates

or contractors, is considered. To receive credit for a given level, the separate criteria specified for both scope and effect must be met at that factor level.

Subfactor 1a: Scope

Scope addresses complexity and breadth of the program or work directed, including the geographic and organizational coverage within the agency structure. It has two elements: (a) the program (or program segment) directed and (b) the work directed, the products produced, or the services delivered. Scope includes the geographic and organizational coverage of the program or program segment.

Level 1-2 of the GSSG covers the direction of administrative, technical, complex clerical, or comparable work that has limited geographic coverage and supports most of the activities of a typical agency field office, a small to medium sized military installation, or comparable activities within agency program segments.

Level 1-3 covers the direction of a program segment performing administrative, technical, or professional work where the program segment and work directed encompass a major metropolitan area, a state, or a small region of several states; or when most an area's taxpayers or businesses are covered, coverage comparable to a small city. Providing complex administrative or professional services directly affecting a large or complex multimission military installation, or an organization of similar magnitude, is also characteristic of this level.

The appellant believes the professional and technical work that he directs reflects all the elements of Level 1-3 and cites the Medical Center's training, education, research, medicine, and surgery functions in support of his claim. He mentions the Medical Center's affiliation with the [a large university] School of Medicine for training and research. He states that over 100,000 patients are seen each year by a variety of specialty clinics and that 50 percent of the facility's open heart surgery patients are referred from other medical institutions. He also asserts that the geographic area served is vast as indicated by the Medical Center's affiliations with nearly 40 schools in 14 different states.

Level 1-3 is the highest level that the guide credits for less than bureauwide or entire field establishment-wide responsibilities. Level 1-3 criteria are explicit only regarding the geographic aspect of scope. The Medical Center primarily services veterans in a ten county area, rather than the 14 different states that the appellant claims. Patients from outside this area are limited in number and referred to the Center for its specialized services rather than the laboratory services for which the appellant is responsible. Other Medical Centers are properly credited with providing service to the geographical areas from which these referrals originate. The ten county area serviced by the appellant, however, encompasses a major metropolitan area, and thus meets the geographical criterion of Level 1-3 scope.

The work the appellant directs must be further evaluated against the three illustrations on pages 11 and 12 of the GSSG, in order to determine whether other key aspects of Level 1-3 Scope, like

organizational coverage, are also met. The first illustration pertains to managing substantive projects throughout a region, such as the civil works projects engineering organizations might carry out. The second pertains to furnishing a significant portion of an agency's line program directly to the general public. The third pertains to providing administrative services (personnel, supply management, budget, facilities management, or the like) to an organization or group of organizations like large or complex multimission military installations. Of the three, only the second is directly relevant to the appellant's work, which provides laboratory services to a portion of the general public. The Medical Center, through some 1,220 employees, delivers a significant range of health services to veterans in its ten county area. The Pathology and Laboratory Medicine Service has responsibility for a segment of these health services and the appellant, in supervising two of the laboratory's sections and about 7 of its approximately 64 employees, is responsible for an important, but quite limited, part of the overall services and organization. The sections he supervises are notably small in size and lack any subordinate structure of their own. Although they provide critical services, (urinalysis, hematology, and coagulation work) these constitute but a small portion, rather than significant portion, of the health services afforded veterans. Consequently, we evaluate Scope at Level 1-2.

Subfactor 1b: Effect

Effect addresses impact of programs, products, or correctly performed work both within and outside the agency.

At Level 1-2, services significantly affect installation level or field office operations and objectives. (Directing budget, supply, protective, or similar services for a small base without extensive research, testing, or similar missions meets this level.)

At Level 1-3, activities, functions, or services directly and significantly affect a wide range of agency activities, other agencies, outside interests, or the general public. At the field activity level (involving large, complex, multimission organizations and/or very large serviced populations) the work directly entails the provision of essential support services or products to numerous, varied, and complex technical, professional, or administrative functions.

Properly performed work that the appellant directs affects the Medical Center operations and objectives, as at Level 1-2. It does not directly and significantly affect a wide range of agency activities or outside interests, nor does it involve administrative services, like budget or personnel. Therefore, any further effect of the work must be assessed against the population criterion of the single pertinent illustration in Level 1-3. As noted in that illustration, the serviced population may be concentrated in one specific geographic area, or as in the case at hand, be distributed over a multistate area, depending upon the complexity and intensity of the service itself. The population must be at least moderate in size, e.g., equivalent to a portion of a larger metropolitan area. The potential population affected by the Medical Center is estimated to be in the 400,000 range. (The appellant estimates that 23,000 of these veterans made use of the Center's outpatient services during a year's time and that another 6,000 were admitted. Many required laboratory service from his two sections, with the most intensive service going to approximately 270 heart surgery patients.) The size

of the population serviced by the appellant's sections is essentially the same as the Medical Center's, which meets Level 1-3's portion of citizens in a larger metropolitan area criterion.

We evaluate Effect at Level 1-3.

To receive credit for Level 1-3, the work directed must fully meet both Level 1-3 Scope and Level 1-3 Effect. The appellant's work meets only the latter. Therefore, we evaluate this factor at Level 1-2 and credit 350 points.

Factor 2: Organizational Setting

This factor considers the organizational position of the supervisor in relation to higher levels of management (the rank of the person to whom the supervisor reports for direction and appraisal).

Under this factor, if the position being classified reports directly to a Senior Executive, flag officer, or the equivalent, it receives Level 2-3 credit. If not, but the second-level supervisor of the position being classified is a Senior Executive, flag officer, or the equivalent, it receives Level 2-2 credit. In all other cases, the position being classified receives minimum credit, Level 2-1. Full deputies are treated as being at the same level as the deputy's chief for this factor. A position reporting to more than one individual is considered to report to the individual who appraises his performance.

The appellant's performance is evaluated by the Laboratory's GS-12 Administrative Officer (a former Medical Technologist) who in turn reports to the VM-15 Director of the Pathology and Laboratory Medicine Service. The Laboratory Director position is not equivalent to an SES position (e.g., the level of the Medical Center Director position). Consequently, only minimal credit applies.

We evaluate this factor at Level 2-1 and credit 100 points.

Factor 3: Supervisory and Managerial Authority

This factor covers the delegated supervisory and managerial authorities that are exercised on a recurring basis.

At Level 3-2, supervisors function at the first line level and are delegated broad authority to direct the operations of their work units on a basis free from close review and oversight by higher echelons. The GSSG provides three alternative sets of criteria under which Level 3-2 credit is possible. The third of these options (cited in paragraph 3-2c of the guide) specifies ten authorities and responsibilities characteristic of supervisors functioning at this Level; the appellant exercises these authorities in overseeing his work unit and thereby meets Level 3-2.

At Level 3-3, supervisors typically exercise managerial authorities over lower organizational units and subordinate supervisors or leaders, or have equivalent second level type authority and responsibility. The GSSG specifies two alternative methods through which a position can meet this level. The first

of these, Level 3-3a, essentially concerns managerial positions closely involved with high level program officials in the development of overall goals and objectives. Managers at this level typically direct the development of data to track program goals, secure legal opinions, prepare position papers or legislative proposals, and execute comparable activities. The appellant lacks significant responsibility in Level 3-3a areas since such responsibilities belong to higher level positions than his own. Level 3-3b describes 15 supervisory authorities that exceed in complexity and responsibility the 10 depicted under paragraph 3-2c. Under this alternate provision, a position can be credited at Level 3-3b if, in addition to exercising all or nearly all the Level 3-2c authorities, it also exercises at least 8 of the 15 supervisory authorities specified at Level 3-3 b. The appellant does not claim to exercise a majority of these authorities. Eight that mostly concern second level supervision and that clearly are not exercised by the appellant are numbers 1, 4, 5, 6, 8, 9, 10, and 11.

We evaluate this factor at Level 3-2 and credit 450 points.

Factor 4: Nature and Purpose of Contacts

This is a two-part factor that assesses the nature and purpose of personal contacts related to supervisory and managerial responsibilities. The contacts used to determine credit level under one subfactor must be the same used to determine credit under the other subfactor.

Subfactor 4A: Nature of Contacts

This subfactor covers the organizational relationships, authority or influence level, setting, and preparation difficulty involved in the supervisor's work. To be credited, contacts must be direct and recurring, contribute to the successful performance of the work, and have a demonstrable impact on the difficulty and responsibility of the position.

At Level 4A-2, contacts are with members of the business community, the general public, higher ranking managers, supervisors, or staff of program, administrative, or other work units and activities throughout the installation. These contacts sometimes require special preparation.

At Level 4A-3, frequent contacts are made with high ranking managers, supervisors, and technical staff at major organization levels of the agency, with agency headquarters administrative support staff, or comparable personnel in other agencies and often require extensive preparation or up-to-date technical familiarity with complex subject matter.

As at Level 4A-2, the appellant has frequent contact with medical staff outside the Laboratory and with higher ranking managers and supervisors of other work units. These contacts sometimes require special preparation in order to explain test results. Unlike Level 4A-3, these contacts do not often require extensive preparation of briefing materials nor are they frequently with higher ranking managers, supervisors, and technical staff at bureau and major organizational levels of the agency or comparable personnel.

We evaluate this subfactor at Level 4A-2 and credit 50 points.

Subfactor 4B: Purpose of Contacts

This subfactor includes the advisory, representational, negotiating, and commitment responsibilities related to the supervisor's contacts credited under the previous subfactor.

At Level 4B-2, the purpose of contacts is to ensure that information provided to outside parties is accurate and consistent; to plan and coordinate the work directed with that of others outside the subordinate organization; and/or to resolve differences of opinion among managers, supervisors, employees, contractors, or others.

At Level 4B-3, the purpose of contacts is to justify, defend, or negotiate in representing the project, program segment(s), or organizational unit(s) directed, in obtaining or committing resources, *and* in gaining compliance with established policies, regulations, or contracts. Contacts at this level usually involve active participation in conferences, meetings, hearings, or presentations involving problems or issues of considerable consequence or importance to the program or program segment(s) managed.

As at Level 4B-2, the purpose of the appellant's contacts is to ensure that his sections' test results are communicated accurately and consistently and to ensure his sections' work is planned and coordinated with the needs of other services. Unlike Level 4B-3, the appellant's contacts are not typically to justify, defend, or negotiate his sections' work, to obtain or commit resources, and to gain compliance.

We evaluate this subfactor at Level 4B-2 and credit 75 points.

Factor 5: Difficulty of Typical Work Directed

This factor covers the difficulty and complexity of the basic work most typical of the organization directed, as well as other line, staff, or contracted work for which the supervisor has technical or oversight responsibility (either directly or through subordinate supervisors, team leaders, or others).

The level credited for this factor normally must constitute at least 25 percent of the workload of the organization supervised. Excluded from consideration are:

- work of lower level positions that primarily support the basic work of the unit,
- work that is graded based upon the supervisory or leader guides,
- work that is graded higher than normal because of extraordinary independence from supervision, and

- work not fully under the supervisor's authority and responsibility as defined under Factor 3.

The agency workload analysis indicates that of the roughly seven employees supervised by the appellant, five spend most of their time performing GS-9 level technologist work directly in support of the laboratory. None of the employees supervised performs higher graded work. Hence, GS-9 level work constitutes at least 25 percent of the workload of the sections supervised. A GS-9 base level of work equates to Factor Level 5-5, according to the conversion table on page 24 of the guide.

We evaluate this factor at Level 5-5 and credit 650 points.

Factor 6: Other Conditions

This factor measures the extent to which various conditions add to the difficulty of supervision. For credit, the condition must be present and dealt with on a regular basis. Positions at Level 6-3 or below are boosted one level if they also meet at least three of the eight special situations described in the guide.

Level 6-3 provides credit for coordinating technical or complex technician work comparable to the GS-9 or GS-10 level. Level 6-4 credits complications arising from the supervision of work comparable in difficulty to the GS-11 level *and* requiring substantial coordination and integration of a number of major assignments or projects. (It also credits complications arising from directing lower graded work through subordinate supervisors, which does not apply to the case at hand.)

As at Level 6-3, the appellant must coordinate technical and professional work by ensuring consistency of testing, interpretation of results, conformance with standards, etc. While the work he coordinates is mostly professional work, unlike Level 6-4, the base level of the work is not comparable to the GS-11 level nor does it require the more intensive coordination found at that level.

Special Situations

When Level 6-3 is credited, a single additional level may be awarded if the position meets three or more of eight *Special Situations*. The appellant does not claim and his position clearly does not meet situations three through eight, which pertain to fluctuating staff or deadlines, physical dispersion, special staffing situations, specialized programs, changing technology, and special hazard and safety conditions. Consequently no additional credit is warranted.

We evaluate this factor at Level 6-3 and credit 975 points.

FACTOR LEVEL POINT SUMMARY

Factor	Level	Points
1	1-2	350
2	2-1	100
3	3-2	450
4A	4A-2	50
4B	4B-2	75
5	5-5	650
6	6-3	975
	Total:	2650

The above table summarizes our evaluation of the appellant's work. As shown on page 31 of the guide, a total of 2650 points converts to grade GS-11 (2355-2750).

DECISION

As explained in the foregoing analysis, the proper classification of the appellant's position is Supervisory Medical Technologist, GS-644-11.